Devi, S.
09/142597

08dec99 10:17:43 User219783 Session D1528.1
SYSTEM:OS - DIALOG OneSearch
File 440:Current Contents Search(R) 1990-1999/Dec W2
(c) 1999 Inst for Sci Info
*File 440: Records starting 1997 to 1998W3 were reloaded, please note the changed in accession numbers.
File 149:TGG Health&Wellness DB(SM) 1976-1999/Nov W4
(c) 1999 The Gale Group
File 442:AMA Journals 1982-1999/Aug W1
(c)1999 Amer Med Assn -FARS/DARS apply
File 444:New England Journal of Med. 1985-1999/Nov W3
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File 348:European Patents 1978-1999/Dec W48
(c) 1999 European Patent Office
*File 348: ** NEW FEATURE ** English language translations of French and German abstracts now searchable. See HELP NEWS 348 for info.
File 5:Biosis Previews(R) 1969-1999/Nov W1
(c) 1999 BIOSIS
File 155:MEDLINE(R) 1966-1999/Dec W4
(c) format only 1999 Dialog Corporation
*File 155: Medline updates are complete for 1999.
First update for 2000 will be added in mid-December.
File 16:Gale Group PROMT(R) 1990-1999/Dec 08
(c) 1999 The Gale Group
*File 16: Use B PROMT to Begin both F016 & F160. See HELP NEWS16. Use TRUNCATION (?) when searching EVENT CODES (EC=). Check ALERTS for EC=
File 34:SciSearch(R) Cited Ref Sci 1990-1999/Nov W4
(c) 1999 Inst for Sci Info
File 73:EMBASE 1974-1999/Nov W3
(c) 1999 Elsevier Science B.V.
File 151:HealthSTAR 1975-1999/Dec
(c) format only 1999 The Dialog Corporation
*File 151: Reloaded. Note accession numbers changed.
File 229:Drug Info. 1998/98Q3
(c) 1998 Amer.Soc.of Health-Systems Pharm.
File 144:Pascal 1973-1999/Nov
(c) 1999 INIST/CNRS
File 342:Derwent Patents Citation Indx 1978-98/199948
(c) 1999 Derwent Info Ltd
*File 342: Derwent changes DialUnit pricing from May 1, 1999. See HELP DERWENT for details.
File 345:Inpadoc/Fam.& Legal Stat 1999/UD=9947
(c) 1999 European Patent Office
File 351:DERWENT WPI 1963-1999/UD=, UM=, & UP=199951
(c) 1999 Derwent Info Ltd
Searcher : Shears 308-4994

*File 351: New abstract and indexing content available. For details see HELP NEWS 351.

Set	Items	Description
? ds; t 2/3,ab/1-59		

Set	Items	Description
S1	104	(COXIELLA OR BURNETTI OR QFA OR Q(W)(FA OR FEVER(W)ANTIGEN? ?)) AND (DIABET? OR IDDM OR (AUTOIMMUNE OR AUTOIMMUNOL? OR AUTO(W)(IMMUNE OR IMMUNOL?))(3N)(DISEAS? OR DISORDER? ?))
S2	59	RD (unique items)

? t 2/3,ab/1-59
>>>No matching display code(s) found in file(s): 229, 342, 345, 624

2/3,AB/1 (Item 1 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

06421290 GENUINE ARTICLE#: QY396 NUMBER OF REFERENCES: 17
TITLE: *COXIELLA"* BURNETII, ENDOCARDITIS ON A MECHANICAL VALVE PROSTHESIS - TWO CASE REPORTS
AUTHOR(S): STCHEPINSKY O; PAPO T; AMOYAL P; HUISMAN JP; THEODOSE Y; GAULTIER Y; ALEXANDRE L; PIETTE JC
CORPORATE SOURCE: CTR WILLIAM HARVEY/F-50190 ST MARTIN AUBIGNY//FRANCE/ (Reprint); CHU PITIE SALPETRIERE,SERV MED INTERNE/F-75651 PARIS 13//FRANCE/; HOP MEM FRANCE ETATS UNIS,SERV CARDIOL/F-75651 ST LOUIS//FRANCE/; CABINET MED/F-50190 PERIERS//FRANCE/
PUBLICATION: ARCHIVES DES MALADIES DU COEUR ET DES VAISSEAUX, 1995, V88, N4 (APR), P511-515
ISSN: 0003-9683
LANGUAGE: FRENCH DOCUMENT TYPE: NOTE
ABSTRACT: The authors report two cases of prosthetic valve endocarditis due to *Coxiella"* burnetii. The histories were chronic and complex suggesting an *auto"*-*immune"* *disease"* : prolonged reccurent fever despite antibiotic therapy with a biological inflammatory syndrome whilst blood cultures remained negative. The first patient presented with prosthetic valve dehiscence and acute glomerulonephritis. The second patient had coagulation defects with prosthetic valve thrombosis, mesenteric adenopathy and congestive cardiac failure without prosthetic valve dysfunction. In suspected endocarditis with negative blood cultures, serological tests should be extended to intracellular pathogens difficult to identify and justifying specific and prolonged bactericidal therapy (fluoroquinolones, cyclines, rifampincine). Long-term serological surveillance is essential even when the outcome could have led to the termination of antibiotic therapy. Usually, antibiotic therapy provides a bacteriological cure, but treatment has to be continued for at least 3 years, and, in some

patients, all their lives. Valve replacement is reserved for haemodynamic complications of the pathology which determine the ultimate prognosis.
ISSN: 0003-9683

2/3,AB/2 (Item 2 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

06319558 GENUINE ARTICLE#: QR917 NUMBER OF REFERENCES: 13
TITLE: NECROTIZING BRONCHITIS, ANGIITIS, AND AMYLOIDOSIS ASSOCIATED WITH CHRONIC Q FEVER
AUTHOR(S): KAYSER K; WIEBEL M; SCHULZ V; GABIUS HJ
CORPORATE SOURCE: THORAXKLIN,DEPT PATHOL,AMALIENSTR 5/D-69126 HEIDELBERG//GERMANY/ (Reprint); THORAXKLIN,DEPT PNEUMOL/HEIDELBERG//GERMANY/; UNIV MUNICH,INST PHYSIOL CHEM/W-8000 MUNICH//GERMANY/
PUBLICATION: RESPIRATION, 1995, V62, N2 (MAR-APR), P114-116
ISSN: 0025-7931
LANGUAGE: ENGLISH DOCUMENT TYPE: NOTE
ABSTRACT: The authors report the clinical, radiological and histological findings in a 63-year-old male patient who developed severe necrotizing bronchitis, necrotizing angiitis, and secondary amyloidosis of the right upper love and intermediate bronchus. The patient expired due to respiratory insufficiency. At the age of 27 years, the patient had had radiotherapy of the mediastinum because of suspected Hodgkin's disease. Acute pneumonia suggestive of Q-fever infection was diagnosed at the age of 48. Progressive restrictive lung disease developed during the last decade. Serological evaluation revealed IgM and IgA high titers against *Coxiella"* burnetii. IgA, complement and amyloid deposits were detected in the walls of small arteries. Bronchial lavage and pleural effusions displayed numerous activated T lymphocytes. Analysis of endogenous lectins revealed alterations of the pulmonary defense system. The clinical history, histological and immunological findings suggest that chronic Q fever may induce remarkable changes in the immune system, comparable to *autoimmune"*-reactive *diseases"*.
ISSN: 0025-7931

2/3,AB/3 (Item 3 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

03370642 GENUINE ARTICLE#: GX328 NUMBER OF REFERENCES: 30
TITLE: PNEUMONIA - PATIENT PROFILES, CHOICE OF EMPIRIC THERAPY, AND THE PLACE OF 3RD-GENERATION CEPHALOSPORINS
AUTHOR(S): LEEDOM JM
CORPORATE SOURCE: DEPT MED LOS ANGELES CTY,DIV INFECT DIS/LOS

ANGELES//CA/00000 (Reprint); UNIV SO CALIF/LOS ANGELES//CA/90033
PUBLICATION: DIAGNOSTIC MICROBIOLOGY AND INFECTIOUS DISEASE, 1992, V15, N1 (JAN), P57-65
LANGUAGE: ENGLISH DOCUMENT TYPE: ARTICLE
ABSTRACT: Choosing appropriate antimicrobial therapy for patients with pneumonia requires knowledge of the etiologic agents seen in specific kinds of patients at specific times and places. For community-acquired pneumonia, there is an important difference in the agents seen in the normal and the compromised host. The normal host most often presents with viral, mycoplasmal, or pneumococcal pneumonia. The exact place of Chlamydia pneumoniae is still under study. A normal host who aspirates is at risk of anaerobic pneumonia. Normal hosts with influenza may acquire superinfection with Streptococcus pneumoniae, Haemophilus influenzae, or Staphylococcus aureus. Under specific epidemiologic conditions, community-acquired pneumonia may be due to Legionella species, Yersinia pestis, Francisella tularensis, *Coxiella"* burnetii, Chlamydia psittaci, a mycotic agent, or tuberculosis. Patients with chronic bronchitis and emphysema are predisposed to H. influenzae, Moraxella catarrhalis, and S. pneumoniae infections. HIV-infected patients are likely to have Pneumocystis carinii pneumonia and pneumonia due to cytomegalovirus, S. pneumoniae, and H. influenzae. Patients with *diabetes"*, nursing-home patients, hospitalized patients, immunocompromised patients, and patients with recent antibiotic therapy are predisposed to pneumonia due to Gram-negative aerobic bacilli of enteric and environmental origin. Initial therapy should be directed at the likely organism or organisms based on hospital susceptibility surveillance. In the normal host with community-acquired pneumonia, the therapy will often be penicillin G or erythromycin. In the patient predisposed to Gram-negative pneumonia, a third-generation cephalosporin with or without an aminoglycoside is the usual choice.

2/3,AB/4 (Item 1 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01859503 SUPPLIER NUMBER: 21145385 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Chronic Multisymptom Illness Affecting Air Force Veterans of the Gulf War.
Fukuda, Keiji; Nisenbaum, Rosane; Stewart, Geraldine; Thompson, William W.; Robin, Laura; Washko, Rita M.; Noah, Donald L.; Barrett, Drue H.
JAMA, The Journal of the American Medical Association, v280, n11, p981(1)
Sept 16,
1998
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0098-7484
LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 7932 LINE COUNT: 00817

Searcher : Shears 308-4994

ABSTRACT: Many Gulf War veterans have chronic health problems at a higher rate than veterans not deployed to the Persian Gulf. Researchers examined the incidence of fatigue, mood or intellectual disorders and musculoskeletal disorders in 3,723 air force personnel, 1,155 of whom had been in the Gulf War. One or more chronic symptoms from at least two of these categories was considered diagnostic. Thirty-nine percent of the Gulf War veterans had mild to moderate symptoms and 6% had severe symptoms. Among those not deployed to the Persian Gulf, these percentages were 14% and 0.7%, respectively.
AUTHOR ABSTRACT: Context.--Gulf War (GW) veterans report nonspecific symptoms significantly more often than their nondeployed peers. However, no specific disorder has been identified, and the etiologic basis and clinical significance of their symptoms remain unclear. Objectives.--To organize symptoms reported by US Air Force GW veterans into a case definition, to characterize clinical features, and to evaluate risk factors.
Design.--Cross-sectional population survey of individual characteristics and symptoms and clinical evaluation (including a structured interview, the Medical Outcomes Study Short Form 36, psychiatric screening, physical examination, clinical laboratory tests, and serologic assays for antibodies against viruses, rickettsia, parasites, and bacteria) conducted in 1995.
Participants and Setting.--The cross-sectional questionnaire survey included 3723 currently active volunteers, irrespective of health status or GW participation, from 4 air force populations. The cross-sectional clinical evaluation included 158 GW veterans from one unit, irrespective of health status. Main Outcome Measures.--Symptom-based case definition; case prevalence rate for GW veterans and nondeployed personnel; clinical and laboratory findings among veterans who met the case definition.
Results.--We defined a case as having 1 or more chronic symptoms from at least 2 of 3 categories (fatigue, mood-cognition, and musculoskeletal). The prevalence of mild-to-moderate and severe cases was 39% and 6%, respectively, among 1155 GW veterans compared with 14% and 0.7% among 2520 nondeployed personnel. Illness was not associated with time or place of deployment or with duties during the war. Fifty-nine clinically evaluated GW veterans (37%) were noncases, 86 (54%) mild-to-moderate cases, and 13 (8%) severe cases. Although no physical examination, laboratory, or serologic findings identified cases, veterans who met the case definition had significantly diminished functioning and well-being.
Conclusions.--Among currently active members of 4 Air Force populations, a chronic multisymptom condition was significantly associated with deployment to the GW. The condition was not associated with specific GW exposures and also affected nondeployed personnel. JAMA 1998;280:981-988

2/3,AB/5 (Item 2 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01834284 SUPPLIER NUMBER: 54654485 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Processes and Outcomes of Care for Patients With Community-Acquired

Pneumonia: Results From the Pneumonia Patient Outcomes Research Team (PORT) Cohort Study.

Fine, Michael J.; Stone, Roslyn A.; Singer, Daniel E.; Coley, Christopher M.; Marrie, Thomas J.; Lave, Judith R.; Hough, Linda J.; Obrosky, D. Scott; Schulz, Richard; Ricci, Edmund M.; Rogers, Joan C.; Kapoor, Wishwa N.

Archives of Internal Medicine, 159, 9, 970(1)
May 10,
1999
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0003-9926
LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 8171 LINE COUNT: 00955

AUTHOR ABSTRACT: Background: Although understanding the processes of care and medical outcomes for patients with community-acquired pneumonia is instrumental to improving the quality and cost-effectiveness of care for this illness, limited information is available on how physicians manage patients with this illness or on medical outcomes other than short-term mortality.

Objectives: To describe the processes of care and to assess a broad range of medical outcomes for ambulatory and hospitalized patients with community-acquired pneumonia.

Methods: This prospective, observational study was conducted at 4 hospitals and 1 health maintenance organization in Pittsburgh, Pa, Boston, Mass, and Halifax, Nova Scotia. Data were collected via patient interviews and reviews of medical records for 944 outpatients and 1343 inpatients with clinical and radiographic evidence of community-acquired pneumonia. Processes of care and medical outcomes were assessed 30 days after presentation.

Results: Only 29.7% of outpatients had 1 or more microbiologic tests performed, and only 5.7% had an assigned microbiologic cause. Although 95.7% of inpatients had 1 or more microbiologic tests performed, a cause was established in only 29.6%. Six outpatients (0.6%) died, and 3 of these deaths were pneumonia related. Of surviving outpatients, 8.0% had 1 or more medical complications. At 30 days, 88.9% (nonemployed) to 95.6% (employed) of the surviving outpatients had returned to usual activities, yet 76.0% of outpatients had 1 or more persisting pneumonia-related symptoms. Overall, 107 inpatients (8.0%) died, and 81 of these deaths were pneumonia related. Most surviving inpatients (69.0%) had 1 or more medical complications. At 30 days, 57.3% (nonemployed) to 82.0% (employed) of surviving inpatients had returned to usual activities, and 86.1% had 1 or more persisting pneumonia-related symptoms.

Conclusions: In this study, conducted primarily at hospital sites with affiliated medical education training programs, virtually all outpatients and most inpatients had pneumonia of unknown cause. Although outpatients had an excellent prognosis, pneumonia-related symptoms often persisted at 30 days. Inpatients had substantial mortality, morbidity, and pneumonia-related symptoms at 30 days.

Arch Intern Med. 1999; 159:970-980

2/3,AB/6 (Item 3 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01820609 SUPPLIER NUMBER: 53980265 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Community-Acquired Pneumonia(*).
Mandell, Lionel A.
Chest, 108, 2, 35S(1)
August,
1995
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0012-3692
LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 5498 LINE COUNT: 00523

2/3,AB/7 (Item 4 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01812858 SUPPLIER NUMBER: 53475179 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Cardiac Infections: Medical and Surgical Therapies.
Sparacino, Patricia S.A.
Journal of Cardiovascular Nursing, 13, 2, 49(1)
Jan,
1999
PUBLICATION FORMAT: Magazine/Journal ISSN: 0889-4655 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 7621 LINE COUNT: 00743

ABSTRACT: Cardiac infections have been linked with congenital vale disease, complications of cardiac surgery, immune-compromised patients, and intravenous catheter-related infections. Such infections can be bacterial, fungal, or viral and can affect the endocardium, myocardium, or pericardium. An understanding of the infectious cause is essential to treatment and the patient's recovery.

2/3,AB/8 (Item 5 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01784261 SUPPLIER NUMBER: 21009666 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Macrophagic myofasciitis: an emerging entity.
The Lancet, v352, n9124, p374(1)
August 1,
1998
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0099-5355

LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4497 LINE COUNT: 00392

ABSTRACT: Doctors in France have identified an unusual muscle disease they are describing as macrophagic myofascitis. Fourteen patients with muscle and joint pain, weakness, and other varied symptoms were examined with laboratory tests and muscle biopsy. Abnormal laboratory results were obtained from some patients. Biopsy samples revealed invasion of muscle tissue by macrophage white blood cells and muscle damage. Steroid and antibiotic medications were effective in relieving symptoms for some patients. The condition is unlike similar muscle diseases.

2/3,AB/9 (Item 6 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01771850 SUPPLIER NUMBER: 20766992 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Comparative study of the clinical presentation of Legionella pneumonia and other community-acquired pneumonias.
Sopena, Nieves; Sabria-Leal, Miquel; Pedro-Botet, Maria Lluisa; Padilla, Eduardo; Dominguez, Josep; Morera, Josep; Tudela, Pere
Chest, v113, n5, p1195(6)
May,
1998
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0012-3692
LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 4015 LINE COUNT: 00388

2/3,AB/10 (Item 7 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01743899 SUPPLIER NUMBER: 20180124 (USE FORMAT 7 OR 9 FOR FULL TEXT)
I. A prospective multicenter study of 167 patients with FUO, using fixed epidemiological entry criteria.(Fever of Unknown Origin (FUO))
Kleijn, Elizabeth M.H.A. de; Vandenbroucke, Jan P.; Meer, Jos W.M. van der
Medicine, v76, n6, p392(9)
Nov,
1997
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0025-7974
LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 6520 LINE COUNT: 00584

2/3,AB/11 (Item 8 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01724765 SUPPLIER NUMBER: 19891689 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Human zoonotic infections transmitted by dogs and cats.
Tan, James S.
Archives of Internal Medicine, v157, n17, p1933(11)
Sep 22,
1997
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0003-9926
LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE:
Professional
WORD COUNT: 7432 LINE COUNT: 00645

AUTHOR ABSTRACT: Dogs and cats are the 2 most common household pets. However, they may be a direct or indirect source of human infections. This article aims to familiarize physicians with some common and uncommon bacterial, rickettsial, parasitic, and fungal zoonotic infections of dogs and cats. Animal bites with or without infection continue to be a common problem. Treatment of infected animal bites must include early debridement and concern for organisms from the mouth flora of the animal. The diagnosis and treatment of cat-scratch disease have become easier since Bartonella henselae has been established as the main causal agent. Less common bacterial and rickettsial zoonotic infections are included to increase the reader's awareness. Parasitic infections, such as creeping eruptions, visceral larva migrans, cryptosporidiosis, and toxoplasmosis, are diseases associated with contact with dogs and cats. Pets can also be the source of dermatophyte infections. An increase in awareness that some of these diseases may be associated with animals could provide a better plan for the prevention and treatment of common and uncommon zoonotic infections.

2/3,AB/12 (Item 9 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01713513 SUPPLIER NUMBER: 19696805 (USE FORMAT 7 OR 9 FOR FULL TEXT)
The alphabet soup of viral hepatitis: is G a new flavi(or) in the
mix?(Editorial)
Bonkovsky, Herbert L.
The Western Journal of Medicine, v167, n1, p50(2)
July,
1997
DOCUMENT TYPE: Editorial PUBLICATION FORMAT: Magazine/Journal; Refereed
ISSN: 0093-0415 LANGUAGE: English RECORD TYPE: Fulltext
TARGET AUDIENCE: Professional
WORD COUNT: 1454 LINE COUNT: 00133

2/3,AB/13 (Item 10 from file: 149)

01621313 SUPPLIER NUMBER: 18315336 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Legionella species community-acquired pneumonia: a review of 56 hospitalized adult patients.
Lieberman, David; Porath, Avi; Schlaeffer, Fransisc; Lieberman, Devora; Boldur, Ida
Chest, v109, n5, p1243(7)
May,
1996
PUBLICATION FORMAT: Magazine/Journal ISSN: 0012-3692 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 5351 LINE COUNT: 00474

2/3,AB/14 (Item 11 from file: 149)

01600266 SUPPLIER NUMBER: 17176421 (USE FORMAT 7 OR 9 FOR FULL TEXT)
High alcohol intake as a risk and prognostic factor for community-acquired pneumonia.
Fernandez-Sola, Joaquim; Junque, Antoni; Estruch, Ramon; Monforte, Roser; Torres, Antoni; Urbano-Marquez, Alvaro
Archives of Internal Medicine, v155, n15, p1649(6)
August 7,
1995
PUBLICATION FORMAT: Magazine/Journal ISSN: 0003-9926 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4309 LINE COUNT: 00381

AUTHOR ABSTRACT: Objective: To evaluate whether high alcohol intake is an independent risk factor for community-acquired pneumonia in middle-aged people and whether it confers a poor prognosis. Methods: A two-phase study was performed. Risk factors for community-acquired pneumonia were evaluated in a case-control study of 50 patients and 50 controls. Prognostic factors and microbiologic and clinical features were then evaluated in a cohort study of the 50 middle-aged patients with community-acquired pneumonia. Results: In the first study, the only independent risk factor for community-acquired pneumonia was high alcohol intake (P<.02). In the second study, patients with chronic alcoholism had a higher incidence of pneumonia caused by gram-negative bacilli (P<.03), as well as a higher incidence of Candida albicans (P<.03), Staphylococcus aureus (P<.0001), and gram-negative bacilli (P<.001) in the cultures of pharyngeal smears than did the nonalcoholics. Compared with nonalcoholic patients, alcoholic patients with pneumonia showed more severe clinical symptoms (P<.02), required longer intravenous treatment (P<.02) and longer hospital stay (P<.01), and had multilobar involvement and pleural effusion (both P<.01),

as well as slower resolution of pulmonary infiltrates. The only prognostic factor for mortality was high alcohol intake P<.03). Conclusions: High alcohol intake is the main risk factor for developing community-acquired pneumonia in middle-aged people. This situation also confers a worse prognosis in these patients, who should be treated with broad-spectrum antibiotics for a longer period. (Arch Intern Med. 1995;155:1649-1654)

2/3,AB/15 (Item 12 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01487004 SUPPLIER NUMBER: 15657852 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Inflammatory markers of lower respiratory tract infection in elderly people.
Albazzaz, M.K.; Pal, C.; Berman, P.; Shale, D.J.
Age and Ageing, v23, n4, p299(4)
July,
1994
PUBLICATION FORMAT: Magazine/Journal ISSN: 0002-0729 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic
WORD COUNT: 2678 LINE COUNT: 00245

ABSTRACT: Elderly people with lower respiratory tract infections appear to be able to mount an effective inflammatory response to such infections, and these inflammatory markers may provide a means of diagnosing the severity of such infections. Inflammatory responses are a defense mechanism against respiratory infections, which are a common cause of morbidity and mortality amongst the elderly. Patients with pneumonia were compared to patients with chest infections to determine if inflammatory responses varied with the degree of illness. Those with pneumonia showed greater inflammatory responses, suggesting that measurements of inflammatory response may offer diagnostic information.

2/3,AB/16 (Item 13 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01485686 SUPPLIER NUMBER: 15624702 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Human granulocytic ehrlichiosis in the upper Midwest United States: a new species emerging?
Bakken, Johan S.; Dumler, J. Stephen; Chen, Sheng-Min; Eckman, Mark R.; Van Etta, Linda L.; Walker, David H.
JAMA, The Journal of the American Medical Association, v272, n3, p212(7)
July 20,
1994
PUBLICATION FORMAT: Magazine/Journal ISSN: 0098-7484 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional

WORD COUNT: 6122 LINE COUNT: 00523

ABSTRACT: The prevalence of granulocytic ehrlichiosis infections in humans appears to be increasing and can be fatal. Ehrlichiosis first appeared in dogs in the early 20th century and was first noted in humans in 1954. It can cause anemia, a loss of red blood cells, or leukopenia, a loss of white blood cells, or can lead to bleeding disorders. It is believed to be a tick-borne disease. Twelve men between the ages of 29 and 91 from Minnesota and Wisconsin exhibited signs of granulocytic ehrlichiosis. All but one had been bitten by a tick or spider preceding the onset of symptoms. Symptoms included fatigue, muscle pain, headaches, sweats, nausea, confusion and congestion. Two of the patients died, while 10 were successfully treated with oral doxycycline. Chances of recovery are improved with early recognition of symptoms and tetracycline drug treatment.
AUTHOR ABSTRACT: Objective.--To characterize the clinical presentation and course, laboratory findings, and treatment outcome of 12 patients with human granulocytic ehrlichiosis. Setting.--The 12 patients were male, ranged in age from 29 to 91 years, and contracted their illness in Wisconsin or Minnesota. Methods.--Cases were recognized by the presence of intracytoplasmic inclusions morulae) in peripheral neutrophils of patients presenting with temperature of 38.5[degrees]C or higher, chills, severe headache, and myalgias. All patients had a complete blood cell count and blood chemistry profile. Blood smears were examined by light microscopy. All available paired serum samples were analyzed for presence of indirect fluorescent antibodies against Ehrlichia chaffeensis, Ehrlichia phagocytophila, and Ehrlichia equi. Blood samples from 12 patients were subjected to polymerase chain reaction analysis using primers specific for the E phagocytophila/E equi group, primers that include the agent identified in our patients, as well as E chaffeensis. Results.--Varying combinations of leukopenia, anemia, and thrombocytopenia were found in all but one patient. All 12 patients demonstrated morulae in the cytoplasm of neutrophils, but not in mononuclear white blood cells. Serum assays failed to detect antibodies against E chaffeensis, but eight of 10 patients and seven of 10 patients tested had antibody titers of 1:80 or more for E phagocytophila and E equi, respectively. Polymerase chain reaction products obtained with primers for E phagocytophila, E equi, and the granulocytotropic Ehrlichia revealed that seven patients were infected with the same agent. The results of serological assays or polymerase chain reaction strongly suggest that all 12 patients were infected by E phagocytophila, E equi, or a closely related Ehrlichia species. Two of the 12 patients died. The other 10 patients improved rapidly with oral doxycycline treatment. Conclusions.--We believe that all 12 patients have been infected with a granulocytic Ehrlichia species, reflecting a recently described new disease entity. The infective organism appears to be closely related to E phagocytophila and E equi. The geographic domain of human granulocytic ehrlichiosis is currently unknown. This novel granulocytic Ehrlichia species is capable of causing fatal infections in humans. Early detection and treatment with tetracycline drugs appear to offer the best chance for complete recovery.

Searcher : Shears 308-4994

2/3,AB/17 (Item 14 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01423840 SUPPLIER NUMBER: 13931741 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Insulitis-caused redistribution of heat-shock protein HSP60 inside beta-cells correlates with induction of HSP60 autoantibodies.
Brudzynski, Katrina
Diabetes, v42, n6, p908(6)
June,
1993
PUBLICATION FORMAT: Magazine/Journal ISSN: 0012-1797 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 3363 LINE COUNT: 00349

2/3,AB/18 (Item 15 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01416161 SUPPLIER NUMBER: 13645441 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Prospective study of aetiology and outcome of adult lower-respiratory-tract infections in the community.
MacFarlane, J.T.; Colville, A.; Guion, A.; MacFarlane, R.M.; Rose, D.H.
The Lancet, v341, n8844, p511(4)
Feb 27,
1993
PUBLICATION FORMAT: Magazine/Journal ISSN: 0099-5355 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 3846 LINE COUNT: 00334

ABSTRACT: The incidence of community-acquired lower-respiratory-tract infections (LRTI) may be high among adults. LRTIs may often be caused by the same microorganisms that cause community-acquired pneumonia. A study evaluated 480 patients between 16 and 79 years old with a community-acquired LRTI who consulted a general practitioner between Nov 1990 and Dec 1991. LRTIs occurred in approximately 4% of the population over a one-year period, and the incidence of LRTIs was higher among individuals over 60 years old than among those under 50 years old. The most common cause of LRTIs were different species of pathogenic bacteria. LRTIs caused by Streptococcus pneumoniae, the bacterium that causes community-acquired pneumonia, were common among patients over 60 years old, patients with other underlying chronic diseases and patients with both of these characteristics.
AUTHOR ABSTRACT: Community-acquired adult lower-respiratory-tract infections (LRTI) are genarally thought to be caused by atypical and viral infections. We have studied 480 adults presenting to a single general

practice with community-acquired LRTI between November, 1990, and December, 1991. The overall incidence was 44 cases per 1000 population per year; the incidence was 2-4 times higher in people aged 60 and over than in those aged less than 50. 206 patients were studied in detail; among this group 91 (44%) had 113 pathogens identified. There were 92 bacteria (Streptococcus pneumoniae in 62 and Haemophilus influenzae in 16), 19 viruses (influenza virus in12), add only 2 atypical pathogens (Mycoplasma pneumoniae and *Coxiella"* burnetii). Pneumococcal infection was common in people who were 60 or older, those who had underlying chronic disease, or people with both features. There was moderate morbidity in terms of time in bed, time to return to normal activities, and days off work. 25% of patients returned for a second consultation with the general practitioner, in most because of unsatisfactory clinical progress. Community-acquired LRTI are very common, and the range of causative pathogens is similar to that for community-acquired pneumonia. Existing management strategies seem inadequate. Lancet 1993; 341: 511-14.

2/3,AB/19 (Item 16 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01367186 SUPPLIER NUMBER: 12668247 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Community-acquired pneumonia: current causative organisms and latest antimicrobial therapy.
Raju, Linga; Khan, Faroque
Consultant, v32, n6, p56(6)
June,
1992
PUBLICATION FORMAT: Magazine/Journal ISSN: 0010-7069 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 2642 LINE COUNT: 00230

2/3,AB/20 (Item 17 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)

01252904 SUPPLIER NUMBER: 09094400 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Epidemiologic, clinical, and laboratory findings of human ehrlichiosis in the United States, 1988.
Eng, Thomas R.; Harkess, John R.; Fishbein, Daniel B.; Dawson, Jacqueline E.; Greene, Cornelia N.; Redus, Martha A.; Satalowich, F.T.
JAMA, The Journal of the American Medical Association, v264, n17, p2251(8)
Nov 7,
1990
PUBLICATION FORMAT: Magazine/Journal ISSN: 0098-7484 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 4534 LINE COUNT: 00498

Searcher : Shears 308-4994

ABSTRACT: Human ehrlichiosis is a potentially serious, even fatal, disease spread by ticks, found primarily in the south and southeastern regions of the United States. Ehrlichia are rickettsia, organisms with traits of both bacteria and viruses that live in lice, fleas, ticks, and mites. They are transmitted by the bites of these insects. Human ehrlichiosis causes a fever with headache, muscle aches, loss of appetite, nausea, vomiting, chills, and sometimes a rash. In laboratory tests, abnormally low white cell and platelet counts, and high hepatic aminotransferase (an enzyme) values are noted. Outcomes range from a complete lack of symptoms to death, but treatment with tetracycline or chloramphenicol seems to be equally effective in preventing complications if administered in time. Of 403 patients tested by the Centers for Disease Control (CDC), 34 tested positive, and of the 138 patients tested by the Oklahoma State Department of Health, six tested positive. In none of these patients was ehrlichiosis considered as the initial diagnosis, and was the final diagnosis in only 6 (18 percent), indicating a severe problem with recognition on the part of physicians. All patients had a fever, and most had headache, chills or shivering, malaise, nausea, muscle pain, and loss of appetite. Rash is less common than with Rocky Mountain spotted fever, but was present in almost half of the patients, primarily in young patients. Serious complications, especially breathing problems and brain dysfunction (encephalopathy), were common. Seven patients required intubation and mechanical ventilation, and three of the six patients with encephalopathy became comatose. Four had kidney failure, with two requiring dialysis. Older patients have more complications, and they are more severe. Tetracycline therapy was more often initiated in nonhospitalized patients during the first week of illness than in hospitalized patients. Early treatment is important in managing the disease. (Consumer Summary produced by Reliance Medical Information, Inc.)

2/3,AB/21 (Item 1 from file: 442)
DIALOG(R)File 442:AMA Journals

00097038

Prognosis and Outcomes of Patients With Community-Acquired Pneumonia A Meta-analysis (ARTICLE)

FINE, MICHAEL J.; SMITH, MELANIE A.; CARSON, CATHERINE A.; MUTHA, SUNITA S.; SANKEY, STEADMAN S.; WEISSFELD, LISA A.; KAPOOR, WISHWA N.
JAMA, The Journal of the American Medical Association
January 10, 1996; 2: tzj134
LINE COUNT: 00900

Objective.--To systematically review the medical literature on the

prognosis and outcomes of patients with community-acquired pneumonia (CAP).

Data Sources.--A MEDLINE literature search of English-language articles involving human subjects and manual reviews of article bibliographies were used to identify studies of prognosis in CAP. Study Selection.--Review of 4573 citations revealed 122 articles (127 unique study cohorts) that reported medical outcomes in adults with CAP. Data Extraction.--Qualitative assessments of studies' patient populations, designs, and patient outcomes were performed. Summary univariate odds ratios (ORs) and rate differences (RDs) and their associated 95% confidence intervals (CIs) were computed to estimate asummary effect size for the association of prognostic factors and mortality. Data Synthesis.--The overall mortality for the 33,148 patients in all 127 study cohorts was 13.7%, ranging from 5.1% for the 2097 hospitalized and ambulatory patients (in six study cohorts) to 36.5% for the 788 intensive care unit patients (in 13 cohorts). Mortality varied by pneumonia etiology, ranging from less than 2% to greater than 30%. Eleven prognostic factors were significantly associated with mortality using both summary ORs and RDs: male sex (OR=1.3; 95% CI, 1.2 to 1.4), pleuritic chest pain (OR=0.5; 95% CI, 0.3 to 0.8), hypothermia (OR=5.0; 95% CI, 2.4 to 10.4), systolic hypotension (OR=4.8; 95% CI, 2.8 to 8.3), tachypnea (OR=2.9; 95% CI, 1.7 to 4.9),*diabetes"* mellitus (OR=1.3; 95% CI, 1.1 to 1.5), neoplastic disease (OR=2.8; 95% CI, 2.4 to 3.1), neurologic disease (OR=4.6; 95% CI, 2.3to 8.9), bacteremia (OR=2.8; 95% CI, 2.3 to 3.6), leukopenia (OR=2.5;95% CI, 1.6 to 3.7), and multilobar radiographic pulmonary infiltrate(OR=3.1; 95% CI, 1.9 to 5.1). Assessments of other clinically relevant medical outcomes such as morbid complications (41 cohorts), symptoms resolution (seven cohorts), return to work or usual activities (five cohorts), or functional status (one cohort) were infrequently performed. Conclusions.--Mortality for patients hospitalized with CAP was highand was associated with characteristics of the study cohort, pneumonia etiology, and a variety of prognostic factors. Generalization of these findings to all patients with CAP should be made with caution because of insufficient published information on medical outcomes other than mortality in ambulatory patients.(JAMA. 1995;274:134-141)

2/3,AB/22 (Item 2 from file: 442)
DIALOG(R)File 442:AMA Journals

00092364

Meeting Announcement (ARTICLE)

American Journal of Diseases of Children
NOV, 1994; The Pediatric Forum: pm_1210
LINE COUNT: 02082

2/3,AB/23 (Item 3 from file: 442)
DIALOG(R)File 442:AMA Journals

00087786

Hot Tub Legionellosis Legionnaires' Disease and Pontiac Fever After a Point-Source Exposureto Legionella pneumophila (ARTICLE)

THOMAS, DAVID L.; MUNDY, LINDA M.; TUCKER, PAMELA C.
Archives of Internal Medicine
Nov 22,, 1993; Clinical Observation: p2597
LINE COUNT: 00171

Legionella pneumophila is associated with outbreaks of either Pontiacfever, a self-limited influenzalike condition without pneumonia, or Legionnaires' disease, a severe pneumonic disease affecting elderly or immunocompromised individuals. An outbreak of both Legionnaires' disease and Pontiac fever after a point-source exposure to L pneumophila was studied. Our observations demonstrated the spectrum of illness that L pneumophila may cause and emphasized the importanceof host factors in affecting the expression of infection. (Arch Intern Med. 1993;153:2597-2599)

2/3,AB/24 (Item 4 from file: 442)
DIALOG(R)File 442:AMA Journals

00085957

Mycoplasma pneumoniae Pneumonia Requiring Hospitalization, With Emphasis on Infection in the Elderly (ARTICLE)

MARRIE, THOMAS J.
Archives of Internal Medicine
Feb 22,, 1993; ORIGINAL: p488
LINE COUNT: 00491

Purpose: To determine the frequency and the clinical characteristics of Mycoplasma pneumoniae pneumonia in the elderly. Methods: Analysis of cases of M pneumoniae pneumonia accumulated aspart of a prospective study of community-acquired pneumonia. Results: Sixty-four (4.9%) of 1300 patients had pneumonia due to M pneumoniae. Six (9.3%) of the 64 were 65 years of age or older. None of the elderly patients had a discharge diagnosis of M pneumoniae compared with 21 of those 64 years of age or younger (36%).

Searcher : Shears 308-4994

Sixty-four percent of the patients with M pneumoniae received erythromycin therapy compared with 45% of 1118 of the patients with community-acquired pneumonia. The clinical features of the six elderly patients with M pneumoniae did not allow distinction from other causes of pneumonia. One patient presented with normal pressurepulmonary edema due to infection with both M pneumoniae and respiratory syncytial virus; a second patient had his Salmonella carrier state converted to bacteremia during his episode of M pneumoniae. Three presented as nonspecific pneumonia in the elderly, while one patient had a slowly resolving infection due to a narrowed bronchus. The 58 patients who were 64 years of age or younger demonstrated four previously unrecognized or underemphasized featuresof M pneumoniae infection--prolonged throm-bocytopenia, one patient; recurrent pulmonary hemorrhage, one patient; thrombocytosis, 45% of the patients; and prolonged hospital stay, eight (13.7%) of the 58 patients. Only one patient died (1.5%) and this was a result of Shy-Drager syndrome. Conclusions: Mycoplasma pneumoniae accounts for 4.9% of community-acquired pneumonia requiring hospitalization, and 9% of these patients were 65 years of age or older. There are no clinical features that distinguish this form of pneumonia from that due to other agents. The mortality rate from this infection is low even in the elderly.

2/3,AB/25 (Item 5 from file: 442)
DIALOG(R)File 442:AMA Journals

00029376

Hypersensitivity Pneumonitis Induced by Nalidixic Acid (SPECIAL REPORT)

DAN, MICHAEL; ADERKA, DAN; TOPILSKY, MARCEL; LIVNI, ELLA; LEVO, YORAM
Archives of Internal Medicine
July, 1986; 146: 1423-1424
LINE COUNT: 00081 WORD COUNT: 01120

ABSTRACT: Interstitial pneumonitis developed in a patient one week after therapy with nalidixic acid was initiated. The causal association between the drugs and the lung disease is based on the temporal relationship, an increased eosinophil count in both peripheral blood and fluid obtained by bronchoalveolar lavage, a positive migration inhibitory factor test with nalidixic acid, and exclusion of other causes. This is, to the best of our knowledge, the first report of a pulmonary hypersensitivity reaction to nalidixic acid.

2/3,AB/26 (Item 1 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00111811

Weekly Clinicopathological Exercises: Case 33-1993: A 50-Year-Old Man With Onset Of Fever And Diarrhea In Morocco (Case Records of the Massachusetts General Hospital)

Blumberg, Richard S.; Compton, Carolyn C.
The New England Journal of Medicine
Aug 19, 1993; 329 (8),pp 561-568
LINE COUNT: 00609 WORD COUNT: 08415

2/3,AB/27 (Item 2 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00111754

An Abundance Of Options (Clinical Problem-Solving)

Kreisberg, Robert A.
The New England Journal of Medicine
Aug 5, 1993; 329 (6),pp 413-416
LINE COUNT: 00386 WORD COUNT: 05332

2/3,AB/28 (Item 3 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00109252

Weekly Clinicopathological Exercises: Case 42-1991: A 63-Year-Old Obese *Diabetic"* Woman With A Pleura-Based Mass In The Right Upper Lobe (Case Records of the Massachusetts General Hospital)

Systrom, David M.; Mark, Eugene J.
The New England Journal of Medicine
Oct 17, 1991; 325 (16),pp 1155-1165
LINE COUNT: 00790 WORD COUNT: 10909

2/3,AB/29 (Item 4 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00108670

Weekly Clinicopathological Exercises: Case 19-1991: An 80-Year-Old Woman With Increasing Dyspnea And Extensive Pulmonary Opacities While Receiving A Decreasing Prednisone Dose For Polymyalgia Rheumatica (Case Records of the Massachusetts General Hospital)

Wu, Timothy R.; Mark, Eugene J.
The New England Journal of Medicine
May 9, 1991; 324 (19),pp 1345-1357
LINE COUNT: 00948 WORD COUNT: 13083

2/3,AB/30 (Item 5 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00108346

Drug Therapy -- Fluoroquinolone Antimicrobial Agents (Review Article)

Hooper, David C.; Wolfson, John S.
The New England Journal of Medicine
Feb 7, 1991; 324 (6),pp 384-394
LINE COUNT: 00711 WORD COUNT: 09815

2/3,AB/31 (Item 6 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00106304

Weekly Clinicopathological Exercises: Case 33-1989: A 26-Year-Old Woman With Fever, Diarrhea, Leukopenia, Thrombocytopenia, And Hypoxemia (Case Records of the Massachusetts General Hospital)

Kieff, Elliott D.; Johnson, R. Paul; Mark, Eugene J.
The New England Journal of Medicine
Aug 17, 1989; 321 (7),pp 454-463
LINE COUNT: 00877 WORD COUNT: 12104

2/3,AB/32 (Item 7 from file: 444)
DIALOG(R)File 444:New England Journal of Med.

00103924

Case 37-1987: A 50-Year-Old Man with Bilateral Pneumonia and Respiratory Failure (Case Records of the Massachusetts General Hospital)

Craven, Harry L.; Mark, Eugene J.
The New England Journal of Medicine
September 10, 1987; 317 (11),pp 694-702
LINE COUNT: 00692 WORD COUNT: 09555

2/3,AB/33 (Item 1 from file: 457)
DIALOG(R)File 457:The Lancet

00114680 (USE FORMAT 7 OR 9 FOR FULLTEXT)
TITLE: Macrophagic myofasciitis: an emerging entity
Gherardi, R K ; Coquet, M ; Cherin, P ; Authier, F-J ; Laforet, P ; Belec, L ; Figarella-Branger, D ; Mussini, J-M ; Pellissier, J-F ; Fardeau, M ; the Groupe d'Etudes et Recherche sur les Maladies Musculaires Acquises et Dysimmunitaires (GERMMAD) de l'Association Francaise contre les Myopathies (AFM), for
Groupe d'Etude et de Recherche sur le Muscle et le Nerf (GERMEN), EA 2347, Universite Paris XII-Val de Marne, Departement de Pathologie, Hopital Henri Mondor, F-94010 Creteil, France; Unite de Myopathologie, Department d'Anatomie Pathologique, Centre Hospitalier Universitaire de Bordeaux, Hopital Pellegrin, Bordeaux, France; Service de Medecine Interne et Institut de Myologie-INSERM U153 Groupe Hospitalier Pitie-Salpetriere, Paris, France; Service de Microbiologie, Hopital Broussais, Paris, France; Laboratoire de Biopathologie Nerveuse et Musculaire (JE 2053, Universite Aix- Marseille II), Faculte de Medecine, Marseille, France; Laboratoire d'Anatomie Pathologique A, Batiment Jean Monnet, CHR 44000 Nantes, France
The Lancet, v352, n9125, pp 347-352
August 1, 1998
DOCUMENT TYPE: Journal; Articles LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 3410

ABSTRACT: Background An unusual inflammatory myopathy characterised by an infiltration of non-epithelioid histiocytic cells has been recorded with increasing frequency in the past 5 years in France. We reassessed some of these cases.

Methods We did a retrospective analysis of 18 such cases seen in five myopathology centres between May, 1993, and December, 1997. The myopathological changes were reassessed at a clinopathology seminar.

Findings Detailed clinical information was available for 14 patients. The main presumptive diagnoses were polymyositis and polymyalgia rheumatica. Symptoms included myalgias in 12 patients, arthralgias in nine, muscle weakness in six, pronounced asthenia in five, and fever in four. Abnormal laboratory findings were occasionally observed, and included raised creatine kinase concentrations, increased erythrocyte sedimentation rate, and myopathic electromyography. Muscle biopsy showed infiltration of the subcutaneous tissue, epimysium, perimysium, and perifascicular endomysium by sheets of large macrophages, with a finely granular PAS-positive content. Also present were occasional CD8 T cells, and inconspicuous muscle-fibre damage. Epithelioid and giant cells, necrosis, and mitotic figures were not seen. The images were easily distinguishable from sarcoid myopathy and fasciitis-panniculitis syndromes. Whipple's disease, Mycobacterium avium intracellulare infection, and malakoplakia could not be confirmed. Ten patients were treated with various combinations of steroids and antibiotics; symptoms improved in eight patients, and stabilised in two.

Interpretation A new inflammatory muscle disorder of unknown cause, characterised by a distinctive pathological pattern of macrophagic myofasciitis, is emerging in France.

2/3,AB/34 (Item 2 from file: 457)
DIALOG(R)File 457:The Lancet

00109145 (USE FORMAT 7 OR 9 FOR FULLTEXT)
TITLE: Randomised trial of transjugular-intrahepatic-portosystemic shunt versus endoscopy plus propranolol for prevention of variceal rebleeding
Rossle, M ; Deibert , P ; Haag , K ; Ochs , A ; Olschewski , M ; Siegerstetter , V ; Hauenstein , K-H ; Geiger , R ; Stiepak , C ; Keller , W ; Blum, H E
Department of Gastroenterology and Hepatology, Institute of Medical Biometry, and Department of Radiology, University Hospital, University of Freiburg, Freiburg, Germany ; Department of Internal Medicine, General Hospital of Offenburg, Offenburg ; Department of Internal Medicine, General Hospital of Rastatt, Rastatt
The Lancet, v349, n9058, pp 1043-1049
April 12, 1997

DOCUMENT TYPE: Journal; Articles LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 4448

ABSTRACT: Background The transjugular-intrahepatic-portosystemic shunt is a new interventional treatment for portal hypertension. The aim of our study was to compare the transjugular shunt with endoscopic treatment for the prophylaxis of recurrent variceal bleeding.

Methods Between March, 1993, and March, 1996, 126 patients with variceal bleeding were randomly assigned either transjugular shunt (n=61) or endoscopic treatment (n=65). Patients were followed up for a median of 14 (IQR 8-25) months and 13 (8-25) months, respectively. In 31 (51%) of the shunted patients, simultaneous transjugular- variceal embolisation was done at the time of shunt placement. Endoscopic treatment consisted of sclerotherapy and/or banding ligation and was combined with propranolol medication.

Findings Technical success was achieved in all patients assigned to the shunt group. During follow-up, the cumulative 1-year variceal rebleeding rates in the shunted and endoscopically treated patients were 15% and 41% and the 2-year rates were 21% and 52% (p=0.001), respectively. In nine (12%) patients from the endoscopic group treatment failed and the patients received the transjugular-shunt treatment. A total of 19 bleeding episodes from any source occurred in 15 patients in the shunt group compared with 100 episodes in 33 patients in the endoscopic group. There was no difference in survival with estimated 1-year survival rates for shunted and endoscopically treated patients of 90% and 89%, and 2-year survival rates of 79% and 82%, respectively. The incidence of clinically significant hepatic encephalopathy after 1 year was higher in the shunt group (36% vs 18%, p=0.011).

Interpretation These results suggest, that the transjugular shunt is more effective than endoscopic treatment in prevention of variceal rebleeding but has a considerable risk of hepatic encephalopathy. Survival is similar in the two groups.

2/3,AB/35 (Item 3 from file: 457)
DIALOG(R)File 457:The Lancet

00106484 (USE FORMAT 7 OR 9 FOR FULLTEXT)
TITLE: Aplastic anaemia after HGV infection
Zaidi, Y ; Chapman, C S ; Myint, S
Department of Haematology and Department of Public Health, Leicester Royal Infirmary, Leicester LE1 5WW, UK
The Lancet, v348, n9025, pp 471-472
August17, 1996

DOCUMENT TYPE: Journal; Letters to the Editor LANGUAGE: English
RECORD TYPE: Fulltext
WORD COUNT: 406

2/3,AB/36 (Item 4 from file: 457)
DIALOG(R)File 457:The Lancet

00099466 (USE FORMAT 7 OR 9 FOR FULLTEXT)
TITLE: Liver dysfunction and DNA antibodies after hepatitis B vaccination
LILIC, DESA|GHOSH, SALIL K
Immunology and Medical Departments, Middlesbrough General Hospital, Middlesbrough, Cleveland TS5 5AZ, UK.
The Lancet, v344, n8932, pp 1292-1292
1994 November 5

DOCUMENT TYPE: Journal; Letters to the Editor LANGUAGE: English
RECORD TYPE: Fulltext
WORD COUNT: 581

2/3,AB/37 (Item 5 from file: 457)
DIALOG(R)File 457:The Lancet

00094423 (USE FORMAT 7 OR 9 FOR FULLTEXT)
TITLE: Letters to the Editor: Q fever with cutaneous and encephalitic involvement
ROUE-R, DUVAL-X. DEBORD-T. FOURNIER-B. DARIE-H. LEMOING-V.
Infectious and Tropical Diseases, and Dermatology Services, Hopital Militaire Begin 94160 Paris, France.
The Lancet, v341, n8852, pp 1094-1095
1993 Apr 24

DOCUMENT TYPE: Journal; Letter (LET) LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 524

2/3,AB/38 (Item 6 from file: 457)
DIALOG(R)File 457:The Lancet

00093943 (USE FORMAT 7 OR 9 FOR FULLTEXT)
TITLE: Articles: Prospective study of aetiology and outcome of adult lower-respiratory-tract infections in the community
ROSE-D-H, MACFARLANE-J-T. COLVILLE-A. GUION-A. MACFARLANE-R-M.
Departments of Respiratory Medicine and Radiology, City Hospital, Nottingham. Public Health Laboratory Service, University Hospital, Nottingham. Stenhouse Medical Centre, Arnold, Nottingham, UK.
Correspondence: Dr J. T. Macfarlane, Respiratory Medicine, City Hospital, Hucknall Road, Nottingham NG5 1PB, UK.
The Lancet, v341, n8844, pp 511-514
1993 Feb 27

DOCUMENT TYPE: Journal; Article (ART) LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 2982

ABSTRACT: Community-acquired adult lower-respiratory-tract infections (LRTI) are generally thought to be caused by atypical and viral infections. We have studied 480 adults presenting to a single general practice with community-acquired LRTI between November, 1990, and December, 1991. The overall incidence was 44 cases per 1000 population per year; the incidence was 2-4 times higher in people aged 60 and over than in those aged less than 50. 206 patients were studied in detail; among this group 91 (44%) had 113 pathogens identified. There were 92 bacteria (Streptococcus pneumoniae in 62 and Haemophilus influenzae in 16), 19 viruses (influenza virus in 12), and only 2 atypical pathogens (Mycoplasma pneumoniae and *Coxiella"* burnetii). Pneumococcal infection was common in people who were 60 or older, those who had underlying chronic disease, or people with both features. There was moderate morbidity in terms of time in bed, time to return to normal activities, and days off work. 25% of patients returned for a second consultation with the general practitioner, in most because of unsatisfactory clinical progress. Community-aquired LRTI are very common, and the range of causative pathogens is similar to that for community-acquired pneumonia. Existing management strategies seem inadequate.

2/3,AB/39 (Item 1 from file: 624)
DIALOG(R)File 624:McGraw-Hill Publications

01007864
Severe pneumonia: When and why to hospitalize
Postgraduate Medicine April, 1999; Pg 117; Vol. 105, No. 4
Journal Code: PGM ISSN: 0032-5481
Section Heading: SYMPOSIUM ON COMMUNITY-ACQUIRED PNEUMONIA
Word Count: 3,427 *Full text available in Formats 5, 7 and 9*

BYLINE:
Richard B. Kohler, MD

2/3,AB/40 (Item 2 from file: 624)
DIALOG(R)File 624:McGraw-Hill Publications

00898897
The Australian National University
Biotechnology Newswatch November 17, 1997; Pg 10; Vol. 14, No. 47
Searcher : Shears 308-4994

Journal Code: BIO ISSN: 0275-3687
Section Heading: PATENT SECTION: EUROPEAN PATENT
Word Count: 109 *Full text available in Formats 5, 7 and 9*

2/3,AB/41 (Item 3 from file: 624)
DIALOG(R)File 624:McGraw-Hill Publications

00889213
Atypical Pneumonia in Active Patients: Clues, Causes, and Return to Play
Physician and Sportsmedicine October, 1997; Pg 43; Vol. 25, No. 10
Journal Code: PSM ISSN: 0091-3847
Word Count: 3,204 *Full text available in Formats 5, 7 and 9*

BYLINE:
Thomas J. Melham, MD
Internal Medicine Series
Editor: Donald M. Christie, Jr, MD

2/3,AB/42 (Item 4 from file: 624)
DIALOG(R)File 624:McGraw-Hill Publications

0730100
Atypical pneumonia: Extrapulmonary clues guide the way to diagnosis
Postgraduate Medicine January 1996; Pg 123; Vol. 99, No. 1
Journal Code: PGM ISSN: 0032-5481
Section Heading: SYMPOSIUM
Word Count: 2,639 *Full text available in Formats 5, 7 and 9*

BYLINE:
Burke A. Cunha, MD
Antonio M. Ortega, MD

2/3,AB/43 (Item 5 from file: 624)
DIALOG(R)File 624:McGraw-Hill Publications

0730098
PNEUMONIA, A FIVE ARTICLE SYMPOSIUM Community-acquired pneumonia: What's needed for accurate diagnosis
Postgraduate Medicine January 1996; Pg 95; Vol. 99, No. 1
Journal Code: PGM ISSN: 0032-5481
Section Heading: SYMPOSIUM
Word Count: 2,751 *Full text available in Formats 5, 7 and 9*

BYLINE:
Thomas M. File Jr, MD
James S. Tan, MD
Joseph F. Plouffe, MD

2/3,AB/44 (Item 1 from file: 348)
DIALOG(R)File 348:European Patents

00889630
ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348
USE OF *COXIELLA"* BACTERIA TO TREAT *AUTOIMMUNE"* *DISEASE"*
Verwendung Von *Coxiella"* Bakterien zur Behandlung von Autoimmunkrankheiten
UTILISATION DE BACTERIES *COXIELLA"* POUR TRAITER DES MALADIES AUTO-IMMUNES
PATENT ASSIGNEE:
THE AUSTRALIAN NATIONAL UNIVERSITY, (209901), , Acton, Australian Capital Territory 2601, (AU), (applicant designated states: AT;BE;CH;DE;DK;ES;FI;FR;GB;GR;IE;IT;LI;LU;MC;NL;PT;SE)
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GAZDA, Lawrence, Scott, 19/30 Springvale Drive, Hawker, ACT 2614, (AU)
LEGAL REPRESENTATIVE:
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PATENT (CC, No, Kind, Date): EP 886528 A1 981230 (Basic)
EP 886528 A1 990602
WO 9733614 970918
APPLICATION (CC, No, Date): EP 97906937 970314; WO 97AU161 970314
PRIORITY (CC, No, Date): AU 96PN8703 960314
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
INTERNATIONAL PATENT CLASS: A61K-039/118; A61K-039/02;
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English

2/3,AB/45 (Item 2 from file: 348)
DIALOG(R)File 348:European Patents

00630533
ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348
PEPTIDES WITH ORGANO-PROTECTIVE ACTIVITY, PROCESS FOR THEIR PREPARATION AND THEIR USE IN THE THERAPY
BPC-PEPTIDE, DEREN HERSTELLUNG UND THERAPEUTISCHEN VERWENDUNG

PEPTIDES A ACTIVITE ORGANO-PROTECTRICE, LEUR PROCEDE DE PREPARATION ET LEUR UTILISATION EN THERAPIE

PATENT ASSIGNEE:
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Grabarevic, Zeljko, Lermanova 12A, YU-41 000 Zagreb, (YU)
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Duvnjak, Marko, R. Luxemburg 4, YU-41000 Zagreb, (YU)
Turkovic, Branko, Bauerova 19, YU-41 000 Zagreb, (YU)
Mise, Stjepan Mr.Sc., Ruzveltova 37, YU-58000 Split, (YU)
Suchanek, Ernest, Dr.Sc., Aleja V. Popovica 125, YU-41000 Zagreb, (YU)
Mildner, Boris, Kopernikova 34, YU-41 000 Zagreb, (YU)
UDOVICIC, Ivan, Ennetmooserstrasse 16, CH-6370 Stans, (CH)

LEGAL REPRESENTATIVE:
Gleiss & Grosse (101101), Maybachstrasse 6A, 70469 Stuttgart, (DE)

PATENT (CC, No, Kind, Date): EP 624164 A1 941117 (Basic)
EP 624164 B1 980211
WO 9411394 940526
APPLICATION (CC, No, Date): EP 94901809 931116; WO 93EP3217 931116
PRIORITY (CC, No, Date): HR 128392 921116
DESIGNATED STATES: AT; BE; CH; DE; ES; FR; GB; GR; IT; LI; NL; PT; SE
INTERNATIONAL PATENT CLASS: A61K-038/10; C07K-014/47;
NOTE:

Searcher : Shears 308-4994

No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	9807	172
CLAIMS B	(German)	9807	149
CLAIMS B	(French)	9807	212
SPEC B	(English)	9807	4160
Total word count - document A			0
Total word count - document B			4693
Total word count - documents A + B			4693

2/3,AB/46 (Item 3 from file: 348)
DIALOG(R)File 348:European Patents

00510846
ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348
ARTIFICIAL VIRAL ENVELOPES
KUNSTLICHE VIRUSHULLEN
ENVELOPPES VIRALES ARTIFICIELLES
PATENT ASSIGNEE:
UNIVERSITY OF FLORIDA, (429776), 186 Grinter Hall, Gainesville, Florida 32611-2037, (US), (applicant designated states: AT;BE;CH;DE;DK;ES;FR;GB;GR;IT;LI;LU;NL;SE)
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CHANDER, Ramesh Food Technology & Enzyme, Engineering Bahbah Atomic Research Center, Bombay-400085, (IN)
STECENKO, Arlene, A., 11220 Southwest 67th Street, Gainesville, FL 32608, (US)
LEGAL REPRESENTATIVE:
Perry, Robert Edward et al (41331), GILL JENNINGS & EVERY Broadgate House 7 Eldon Street, London EC2M 7LH, (GB)
PATENT (CC, No, Kind, Date): EP 555333 A1 930818 (Basic)
EP 555333 B1 951227
WO 9206677 920430
APPLICATION (CC, No, Date): EP 91919952 911017; WO 91US7733 911017
PRIORITY (CC, No, Date): US 600641 901019
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IT; LI; LU; NL; SE
INTERNATIONAL PATENT CLASS: A61K-009/127;
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPAB96	692
CLAIMS B	(German)	EPAB96	654

Searcher : Shears 308-4994

CLAIMS B	(French)	EPAB96	755
SPEC B	(English)	EPAB96	5407
Total word count - document A			0
Total word count - document B			7508
Total word count - documents A + B			7508

2/3,AB/47 (Item 4 from file: 348)
DIALOG(R)File 348:European Patents

00409818
ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348
STRESS PROTEINS AND USES THEREFOR.
STRESSPROTEINE UND VERWENDUNGEN DAFUR.
PROTEINES DE STRESS ET LEURS UTILISATIONS.
PATENT ASSIGNEE:
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH, (782030), Nine Cambridge Center, Cambridge, MA 02142, (US), (applicant designated states: AT;BE;CH;DE;FR;GB;IT;LI;LU;NL;SE)
MEDICAL RESEARCH COUNCIL, (791452), 20 Mount Pleasant, London W1N 4AL, (GB), (applicant designated states: AT;BE;CH;DE;FR;GB;IT;LI;LU;NL;SE)
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LEGAL REPRESENTATIVE:
Price, Vincent Andrew et al (79513), FRY HEATH & SPENCE The Old College 53 High Street, Horley Surrey RH6 7BN, (GB)
PATENT (CC, No, Kind, Date): EP 419569 A1 910403 (Basic)
EP 419569 B1 950906
WO 8912455 891228
APPLICATION (CC, No, Date): EP 89907594 890615; WO 89US2619 890615
PRIORITY (CC, No, Date): US 207298 880615
DESIGNATED STATES: AT; BE; CH; DE; FR; GB; IT; LI; LU; NL; SE
INTERNATIONAL PATENT CLASS: A61K-038/00; A61K-039/04;
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPAB95	248
CLAIMS B	(German)	EPAB95	246
CLAIMS B	(French)	EPAB95	313
SPEC B	(English)	EPAB95	5793
Total word count - document A			0
Total word count - document B			6600
Total word count - documents A + B			6600

2/3,AB/48 (Item 5 from file: 348)
DIALOG(R)File 348:European Patents

00305164
ORDER fax of complete patent from Dialog SourceOne. See HELP ORDER 348
Immunological adjuvant and process for preparing the same, pharmaceutical compositions, and a kit of parts.
Immunologisches Adjuvans und Verfahren zu seiner Herstellung, pharmazeutische Zubereitungen und Besteck.
Adjuvant immunologique et procede pour le preparer, compositions pharmaceutiques et trousse.
PATENT ASSIGNEE:
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Lechevalier, Mary P., 28 Juniper Lane, Piscataway, NJ 08854, (US)
Bona, Constantin, 406 East 73rd Street, New York, NY 10021, (US)
LEGAL REPRESENTATIVE:
Weinhold, Peter, Dr. et al (12856), Patentanwalte Dr. V. Schmied-Kowarzik Dipl.-Ing. G. Dannenberg Dr. P. Weinhold Dr. D. Gudel Dipl.-Ing. S. Schubert Dr. P. Barz Siegfriedstrasse 8, D-8000 Munchen 40, (DE)
PATENT (CC, No, Kind, Date): EP 375808 A1 900704 (Basic)
APPLICATION (CC, No, Date): EP 88121909 881230;
PRIORITY (CC, No, Date): EP 88121909 881230
DESIGNATED STATES: AT; BE; CH; DE; FR; GB; IT; LI; LU; NL; SE
INTERNATIONAL PATENT CLASS: A61K-039/39; A61K-035/74;

ABSTRACT EP 375808 A1
A process is provided for preparing immunological adjuvant (which are unusual in that they do not contain mycolic acids, mycolic acid esters or lipopolysaccharides, and can increase the immune response in animals of soluble and particulate antigens without the presence of oil or oily vehicles, and without inducing adjuvant arthritis or other undesirable side effects) by solvent extraction from a species of Amycolata, a genus of filamentous branching bacteria known as Actinomycetes as well as pharmaceutical compositions containing such adjuvants, and a kit of parts comprising such adjuvants and an antigen.
ABSTRACT WORD COUNT: 95

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	EPABF1	252
SPEC A	(English)	EPABF1	7760
Total word count - document A			8012

Searcher : Shears 308-4994

Total word count - document B 0
Total word count - documents A + B 8012

2/3,AB/49 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

08953787 BIOSIS NO.: 199396105288
Hepatitis B virus prevalence in a liver biopsy series in Jeddah, Saudi Arabia.
AUTHOR: Coode P E(a); Hossain J; Ibrahim M B
AUTHOR ADDRESS: (a)73 Geffers Ride, Burleigh Rd., Ascot, Berkshire SL5 7JZ **England
JOURNAL: Saudi Medical Journal 14 (1):p36-39 1993
ISSN: 0379-5284
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
SUMMARY LANGUAGE: English; Arabic

ABSTRACT: Liver biopsies from 228 patients, in Jeddah, Saudi Arabia, were retrospectively reviewed. *Autoimmune"* liver *disease"* and alcoholic cirrhosis are rare in this community, an observation confirmed in this series. For both the chronic active hepatitis and the cirrhosis cases, 20% had evidence of chronic hepatitis B infection. In a population known to have a chronic hepatitis B infection. In a population known to have a chronic hepatitis B carrier prevalence of about 7%, this figure was unexpectedly low, though the findings are in accord with some other published series. There have been significant variations in different reports. For the hepatocellular carcinoma cases 62% were hepatitis B surface antigen positive. In many cases of serious chronic liver disease in this community, the aetiology remains unknown.

2/3,AB/50 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

08583454 BIOSIS NO.: 199345001529
Q fever with cutaneous and encephalitic involvement.
AUTHOR: Duval X; Debord T; Fournier B; Darie H; Lemoing V; Roue R
AUTHOR ADDRESS: Infectious and Tropical Diseases and Dermatol. Serv., Hop. Militaire, Begin 94160 Paris**France
JOURNAL: Lancet (North American Edition) 341 (8852):p1094-1095 1993
ISSN: 0099-5355
DOCUMENT TYPE: Article
RECORD TYPE: Citation
LANGUAGE: English

2/3,AB/51 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

10068980 99221903
Q fever vaccine on trial for type I *diabetes"* [news]
Bonn D
Mol Med Today (ENGLAND) Apr 1999, 5 (4) p143, ISSN 1357-4310
Journal Code: CMK
Languages: ENGLISH
Document type: NEWS

2/3,AB/52 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

08390236 95374257
Coxiella" burnetii endocarditis on a mechanical valvular prosthesis. Apropos of 2 cases]
Endocardite a *Coxiella"* burnetii sur prothese valvulaire mecanique. A propos de deux cas.
Stchepinsky O; Papo T; Amoyal P; Huisman JP; Theodose Y; Gaultier Y; Alexandre L; Piette JC
Centre William Harvey, Le Haut Boscq, Saint-Martin-d'Aubigny.
Arch Mal Coeur Vaiss (FRANCE) Apr 1995, 88 (4) p511-5, ISSN 0003-9683
Journal Code: 7SM
Languages: FRENCH Summary Languages: ENGLISH
Document type: JOURNAL ARTICLE English Abstract
The authors report two cases of prosthetic valve endocarditis due to *Coxiella"* burnetii. The histories were chronic and complex suggesting an *auto"*-*immune"* *disease"*: prolonged recurrent fever despite antibiotic therapy with a biological inflammatory syndrome whilst blood cultures remained negative. The first patient presented with prosthetic valve dehiscence and acute glomerulonephritis. The second patient had coagulation defects with prosthetic valve thrombosis, mesenteric adenopathy and congestive cardiac failure without prosthetic valve dysfunction. In suspected endocarditis with negative blood cultures, serological tests should be extended to intracellular pathogens difficult to identify and justifying specific and prolonged bactericidal therapy (fluoroquinolones, cyclines, rifampincine). Long-term serological surveillance is essential even when the outcome could have led to the termination of antibiotic therapy. Usually, antibiotic therapy provides a bacteriological cure, but treatment has to be continued for at least 3 years, and, in some patients, all their lives. Valve replacement is reserved for haemodynamic complications of the pathology which determine the ultimate prognosis.

2/3,AB/53 (Item 1 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)

03685923 Supplier Number: 45212853
Hepatitis B Virus RESEARCHERS REPORT DELAYED CONDITIONS AFTER VACCINATION
Blood Weekly, pN/A
Dec 19, 1994
Language: English Record Type: Fulltext
Document Type: Magazine/Journal; Trade
Word Count: 1021

2/3,AB/54 (Item 1 from file: 229)
DIALOG(R)File 229:Drug Info.

00012101 AHFS NO: 08.12.24 AHFS CLASS: Tetracyclines
SUBFILE: American Hospital Formulary Service
MONOGRAPH TITLE: Tetracyclines General Statement
GENERIC NAME: Demeclocycline Hydrochloride; Doxycycline Calcium; Doxycycline Hyclate; Doxycycline Monohydrate; Minocycline Hydrochloride; Oxytetracycline Hydrochloride; Tetracycline Hydrochloride
BRAND NAME/MANUFACTURER: Declomycin,/Lederle
CAS REGISTRY NO: 64-73-3; 24390-14-5; 17086-28-1; 13614-98-7; 6153-64-6; 2058-46-0; 60-54-8; 64-75-5
Subsections: [3104]_Chemistry; [3304]_Stability; [3244]_Effects on Acne; [3234]_Susceptibility Testing; [3236]_Kirby-Bauer Procedure; [3236]_Other Susceptibility Tests; [3274]_Gram-negative Bacteria; [3274]_Gram-positive Bacteria; [3274]_Miscellaneous Organisms; [3814]_Absorption; [3824]_Distrib ution; [3834]_Elimination; [3224]_Rickettsial Infections; [3224]_Chlamydial and Mycoplasmal Infections; [3224]_Gram-negative Bacterial Infections; [3226]_Gonorrhea and Associated Infections; [3224]_Gram-positive Bacterial Infections; [3224]_Acne; [3224]_Spirochetal Infections; [3226]_Syphilis; [3226]_Lyme Disease; [3226]_Other Spirochetal Infections; [3224]_GI Infections; [3216]_Helicobacter pylori Infection; [3216]_Travelers' Diarrhea; [3214]_Malaria; [3214]_Other Uses; [3216]_Chronic Bronchitis; [3226]_Mycobacterial Infections; [3216]_Syndrome of Inappropriate Antidiuretic Hormone Secretion; [3216]_Pericardial and Pleural Effusions; [3216]_Diagnostic Uses; [3216]_Prophylaxis in Victims of Sexual Assault; [3604]_GI Effects; [3624]_Hypersensitivity Reactions; [3604]_Dermatologic Effects; [3604]_Renal Effects; [3604]_Hepatic Effects; [3604]_Hematologic Effects; [3604]_Jarisch-Herxheimer Reaction; [3604]_Nervous System Effects; [3604]_Local Effects; [3604]_Other Adverse Effects; [3644]_Precautions and Contraindications; [3644]_Pregnancy, Lactation, and Pediatric Precautions; [3664]_Mutagenicity and Carcinogenicity; [3774]_Cations; [3774]_Drugs Affecting GI pH; [3774]_Oral Anticoagulants; [3774]_Anti-infective Agents; [3774]_Other Drugs; [3764]_Tests for Urinary Glucose; [3764]_Other

Laboratory Tests; [3574]_Administration; [3524]_Dosage; [3564]_Dosage in Renal Impairment

2/3,AB/55 (Item 2 from file: 229)
DIALOG(R)File 229:Drug Info.

00012050 AHFS NO: 08.22 AHFS CLASS: Quinolones
SUBFILE: American Hospital Formulary Service
MONOGRAPH TITLE: Ciprofloxacin Hydrochloride
GENERIC NAME: Ciprofloxacin Hydrochloride; Ciprofloxacin Lactate
CHEMICAL NAME: 1-Cyclopropyl-6-fluoro-1,4-dihydro-4-oxo-7(1-piperazinyl)-3-quinolin; ecarboxylic acid monohydrochloride monohydrate
INVESTIGATIONAL NO: Bay q 3939; BAY-o 9867 monohydrate
BRAND NAME/MANUFACTURER: Cipro Cystitis Pack,/Bayer; Cipro,/Bayer; Cipro I.V.,/Bayer; Cipro I.V. in 5% Dextrose Injection/Bayer
CAS REGISTRY NO: 85721-33-1; 86393-32-0
Subsections: [3104]_Chemistry; [3304]_Stability; [3244]_Antibacterial Effects; [3204]_Effects on Immune Function; [3234]_In Vitro Susceptibility Testing; [3236]_Kirby-Bauer Disk-Diffusion Procedure; [3236]_Dilution Susceptibility Tests; [3274]_Gram-positive Aerobic Bacteria; [3276]_Gram-positive Aerobic Cocci; [3276]_Gram-positive Aerobic Bacilli; [3274]_Gram-negative Aerobic Bacteria; [3276]_Neisseria; [3276]_Haemophilus ; [3276]_Moraxella catarrhalis; [3276]_Enterobacteriaceae; [3276]_Pseudomonas; [3276]_Vibrio; [3276]_Other Gram-negative Aerobic Bacteria; [3274]_Anaerobic Bacteria; [3274]_Chlamydia and Mycoplasma; [3274]_Mycobacterium; [3274]_Other Organisms; [3284]_Mechanisms of Quinolone Resistance; [3284]_Cross-resistance; [3814]_Absorption; [3824]_Distribution; [3834]_Elimination; [3224]_Urinary Tract Infections and Prostatitis; [3224]_Lower Respiratory Tract Infections; [3224]_Skin and Skin Structure Infections; [3224]_Bone and Joint Infections; [3224]_GI Infections; [3214]_Salmonella Infections; [3224]_Gonorrhea and Associated Infections; [3226]_Uncomplicated Gonorrhea; [3216]_Disseminated Gonococcal Infections; [3216]_Epididymitis; [3216]_Coexisting Chlamydial Infections; [3214]_Chancroid; [3214]_Neisseria meningitidis Infections; [3214]_Mycobacterial Infections; [3214]_Rickettsial Infections; [3214]_Other Uses; [3604]_GI Effects; [3606]_Effects on Fecal Flora; [3604]_Nervous System Effects; [3604]_Dermatologic and Sensitivity Reactions; [3604]_Genitourinary Effects; [3604]_Musculoskeletal Effects; [3604]_Hepatic Effects; [3604]_Hematologic Effects; [3604]_Cardiovascular Effects; [3604]_Local Effects; [3604]_Other Adverse Effects; [3644]_Precautions and Contraindications; [3644]_Pediatric Precautions; [3664]_Mutagenicity and Carcinogenicity; [3654]_Pregnancy, Fertility, and Lactation; [3774]_Antacids; [3774]_Aminoglycosides; [3774]_beta-Lactam Antibiotics; [3774]_Other Anti-infectives; [3774]_Probenecid; [3774]_Coumarin Anticoagulants; [3774]_Iron and Multivitamin and Mineral Supplements; [3774]_Xanthine Derivatives; [3774]_Other Drugs; [3764]_Tests for Urinary Glucose; [3574]_Administration; [3576]_Oral Administration; [3576]_IV

Infusion; [3524]_Dosage; [3526]_Oral Dosage; [3526]_Parenteral Dosage; [3526]_Duration of Therapy; [3564]_Dosage in Renal and Hepatic Impairment; [3404]_Ciprofloxacin Hydrochloride; [3404]_Ciprofloxacin Lactate; [3424]_Ciprofloxacin Lactate in Dextrose

2/3,AB/56 (Item 3 from file: 229)
DIALOG(R)File 229:Drug Info.

00012044 AHFS NO: 08.22 AHFS CLASS: Quinolones
SUBFILE: American Hospital Formulary Service
MONOGRAPH TITLE: Ofloxacin
GENERIC NAME: Ofloxacin
CHEMICAL NAME: +--9-Fluoro-2,3-dihydro-3-methyl-10-(4-methyl-1-p; iperazinyl)-7-oxo-7H-pyrido[1,2,3-de]-1,4-benzoxaz; ine-6-carboxylicacid
INVESTIGATIONAL NO: DL-8280; HOE 280; ORF 18,489
BRAND NAME/MANUFACTURER: Floxin,/Ortho-McNeil; Floxin I.V.,/Ortho-McNeil; Floxin I.V. in 5% Dextrose Injection Pre-Mixed/Ortho-McNeil
CAS REGISTRY NO: 82419-36-1
Subsections: [3104]_Chemistry; [3304]_Stability; [3244]_Antibacterial Effects; [3244]_Effects on Immune Function; [3274]_Susceptibility Testing; [3276]_Kirby-Bauer Procedure; [3276]_Other Susceptibility Tests; [3274]_Gram-positive Aerobic Bacteria; [3276]_Gram-positive Aerobic Cocci; [3276]_Gram-positive Aerobic Bacilli; [3274]_Gram-negative Aerobic Bacteria ; [3276]_Neisseria; [3276]_Haemophilus; [3276]_Branhamella catarrhalis; [3276]_Enterobacteriaceae; [3276]_Vibrio; [3276]_Other Gram-negative Aerobic Bacteria; [3274]_Anaerobic Bacteria; [3274]_Chlamydia and Mycoplasma; [3274]_Mycobacterium; [3274]_Other Organisms; [3284]_Mechanisms of Quinolone Resistance; [3284]_Cross-resistance; [3814]_Absorption; [3824]_Distribution; [3834]_Elimination; [3224]_Urinary Tract Infections and Prostatitis; [3226]_Uncomplicated Urinary Tract Infections; [3226]_Complicated Urinary Tract Infections; [3226]_Prostatitis; [3224]_Lower Respiratory Tract Infections; [3224]_Skin and Skin Structure Infections; [3224]_Gonorrhea and Associated Infections; [3224]_Chlamydial and Mycoplasmal Infections; [3214]_Acute Pelvic Inflammatory Disease; [3224]_GI Infections; [3214]_Salmonella Infections; [3214]_Bone and Joint Infections; [3214]_Otorhinolaryngeal Infections; [3214]_Mycobacterial Infections; [3214]_Rickettsial Infections; [3224]_Other Uses; [3604]_GI Effects; [3606]_Effects on GI Flora; [3604]_Nervous System Effects; [3604]_Dermatologic and Sensitivity Reactions; [3604]_Genitourinary Effects ; [3604]_Musculoskeletal Effects; [3604]_Hepatic Effects; [3604]_Hematologic Effects; [3604]_Cardiovascular Effects; [3604]_Ocular Effects; [3604]_Local Effects; [3604]_Other Adverse Effects; [3644]_Precautions and Contraindications; [3644]_Pediatric Precautions; [3644]_Geriatric Precautions; [3664]_Mutagenicity and Carcinogenicity; [3654]_Pregnancy, Fertility, and Lactation; [3774]_Antacids; [3774]_Aminoglycosides; [3774]_beta-Lactam Antibiotics; [3774]_Antimycobact erial Agents; [3774]_Other Anti-infectives; [3774]_Antidiabetic Agents;

[3774]_Coumarin Anticoagulants; [3774]_Iron and Multivitamin and Mineral Supplements; [3774]_Xanthine Derivatives; [3774]_Other Drugs; [3574]_Administration; [3576]_Oral Administration; [3576]_IV Infusion; [3524]_Dosage; [3526]_Adult Dosage; [3526]_Duration of Therapy; [3564]_Dosage in Renal and Hepatic Impairment; [3404]_Ofloxacin; [3424]_Ofloxacin in Dextrose

2/3,AB/57 (Item 1 from file: 342)
DIALOG(R)File 342:Derwent Patents Citation Indx

02995965 WPI Acc No: 97-470646/43
Prevention or treatment of auto-immune disease using Coxiella or derived antigens - especially for insulin-dependent diabetes, also to improve survival of transplanted islet cells
Patent Assignee: (AUSU) UNIV AUSTRALIAN NAT
Author (Inventor): COWDEN W B; LAFFERTY K J; GAZDA L S
Patent (basic)
Patent No Kind Date Examiner Field of Search
WO 9733614 A1 970918 (BASIC)
Derwent Week (Basic): 9743
Priority Data: AU 968703 (960314)
Applications: AU 9719171 (970314); EP 97906937 (970314); WO 97AU161 (970314); ZA 972232 (970314)
Designated States
(National): AL; AM; AT; AU; AZ; BA; BB; BG; BR; BY; CA; CH; CN; CU; CZ; DE; DK; EE; ES; FI; GB; GE; GH; HU; IL; IS; JP; KE; KG; KP; KR; KZ; LC ; LK; LR; LS; LT; LU; LV; MD; MG; MK; MN; MW; MX; NO; NZ; PL; PT; RO; RU; SD; SE; SG; SI; SK; TJ; TM; TR; TT; UA; UG; US; UZ; VN; YU
(Regional): AL; AT; BE; CH; DE; DK; EA; ES; FI; FR; GB; GH; GR; IE; IT; KE; LI; LS; LT; LU; LV; MC; MW; NL; OA; PT; RO; SD; SE; SI; SZ; UG
Derwent Class: B04; D16
Int Pat Class: A61K-039/02
Number of Patents: 004
Number of Countries: 078
Number of Cited Patents: 004
Number of Cited Literature References: 015
Number of Citing Patents: 000

2/3,AB/58 (Item 1 from file: 345)
DIALOG(R)File 345:Inpadoc/Fam.& Legal Stat

13066341
Basic Patent (No,Kind,Date): AU 968703 A0 960404 <No. of Patents: 005>
TREATMENT OF AUTO-IMMUNE INSULIN-DEPENDENT DIABETES MELLITUS (English)
Patent Assignee: UNIV AUSTRALIAN

Language of Document: English
Patent Family:

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EP 886528	A1	981230	EP 97906937	A	970314	
EP 886528	A4	990602	EP 97906937	A	970314	
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Priority Data (No,Kind,Date):
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WPI Acc No: 97-470646/199743
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Prevention or treatment of *auto"*-*immune"* *disease"* using *Coxiella"* or derived antigens - especially for insulin-dependent *diabetes"*, also to improve survival of transplanted islet cells
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Number of Countries: 078 Number of Patents: 004
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Patent No	Kind	Date	Applicat No	Kind	Date	Main IPC	Week
WO 9733614	A1	19970918	WO 97AU161	A	19970314	A61K-039/118	199743 B
AU 9719171	A	19971001	AU 9719171	A	19970314	A61K-039/118	199805
ZA 9702232	A	19980128	ZA 972232	A	19970314	A61K-000/00	199810
EP 886528	A1	19981230	EP 97906937	A	19970314	A61K-039/118	199905
			WO 97AU161	A	19970314		

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Abstract (Basic): WO 9733614 A
The effect of an *autoimmune"* *disease"* in a mammal is prevented, inhibited, delayed or otherwise alleviated by administration of a *Coxiella"* species, or one of its antigens (or analogues or homologues) (I). Also claimed are: (i) a method for prolonging the survival of transplanted islet tissue comprising administration of (I); and (ii) a composition comprising (I).
USE - The method is used in humans or other animals, specifically to treat or prevent insulin-dependent *diabetes"* mellitus (but may also be effective in pernicious anaemia, chronic hepatitis, ulcerative colitis, primary biliary cirrhosis, multiple sclerosis and systemic lupus erythematosus) or a disease that affects survival of transplanted

pancreatic islet tissue.

ADVANTAGE - (I) is sufficiently safe for general use (contrast complete Freund's adjuvant (FCA) or bacillus Calmette-Guerin) and is more effective at diverting the immune response away from destructive autoimmunity.

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